

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	7290/6
Application Number	09/898,509
Filing Date	JULY 3, 2001
First Named Inventor	RAVNEET SINGH
Group Art Unit	2141
Examiner	LUU, LE HIEN

ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (<i>please identify below</i>):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Part B – Issue Fee Transmittal	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.	
	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.	

CALCULATION OF FEE

	Claims After Amendment	Highest No. Previously Paid For	Present Extra	Small Entity	Large Entity
Total		Minus		Rate	Add'l Fee
Indep.		Minus		x \$25=	0
First Presentation of Multiple Dep. Claim				x \$100=	0
				+\$180=	---
				total add'l fee	\$ 0
					total add'l fee
					\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 Cardinal Law Group 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature	/FRANK C. NICHOLAS/		Date: NOVEMBER 20, 2006

CERTIFICATE OF ELECTRONIC SUBMISSION

I hereby certify that this correspondence is being submitted electronically
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NOVEMBER 20, 2006

Signature	/FRANK C. NICHOLAS/ FRANK C. NICHOLAS (33,983)	Date: NOVEMBER 20, 2006
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